



PATENT
Docket No.: HI02001USU1
10/632,433

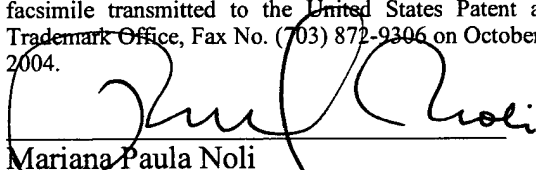
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: William Andrew Decanio DOCKET NO.: HI02001USU1
SERIAL NO.: 10/632,433 GROUP ART UNIT: 3632
DATE FILED: July 21, 2003 EXAMINER: Chan, Ko Chung

TITLE: LOUDSPEAKER MOUNTING MECHANISM

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (703) 872-9306 on October 6, 2004.

October 6, 2004


Mariana Paula Noli

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)

Sir:

Regarding the Office Action dated July 2, 2004, for which a shortened statutory period for reply expired on October 2, 2004, Applicant hereby submits a Petition for Extension of Time under 37 C.F.R. § 1.136(a) to extend the time for reply to November 2, 2004. Applicant hereby authorizes payment in the amount of \$110.00, or such other amount as presently required under 37 CFR § 1.17(a)(1), to be made by credit card as allowed under 37 C.F.R. § 1.53(b).

An Amendment and Reply under 37 CFR § 1.111 to the above-referenced Office Action is being filed simultaneously herewith.

10/13/2004 SSESHE1 00000034 502542 10632433
03-FC:1251 110.00 DA

10/13/2004 SSESHE1 00000035 10632433

01 FC:1201 88.00 OP
02 FC:1202 198.00 OP

CLAIMS AS AMENDED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	31	MINUS	20	= 11	x \$18.00	198.00
INDEP. CLAIMS	4	MINUS	3	= 1	x \$88.00	88.00
MULTIPLE DEPENDENT CLAIMS FEE (if applicable and not yet paid)					+ \$280.00	
EXTENSION FEE:						
1 month = \$110						
2 months = \$400						
3 months = \$920						
4 months = \$1,440						
SUBTOTAL ADDITIONAL FEE						
Small Entity (50% of subtotal filing fee if checked)						()
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$286.00

* If number is less than 20, write "20".

**If number is less than 3, write "3".

The Commissioner is hereby authorized to charge any additional fees which may be required, including, if necessary, the filing fee if the above-referenced check is in the wrong amount, unsigned, postdated, or otherwise improper or informal or missing, or credit any overpayment to my Deposit Account No. 502542. A duplicate copy of this sheet is enclosed.

Respectfully submitted,
THE ECLIPSE GROUP

Date: 10/6/04


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